



Notice of Intent to Adopt Rules

1. General Information

a. Agency/Board Name *See attached list for references*

Wyoming Department of Health, Rural and Frontier Health Division, Community Services Programs

b. Agency/Board Address
6101 Yellowstone Rd., Ste. 510

c. Agency/Board City
Cheyenne

d. Agency/Board Zip Code
82002

e. Name of Contact Person
Jim Rolf, Manager, Community Services Programs

f. Contact Telephone Number
307-777-8652

g. Contact Email Address
jim.rolf@health.wyo.gov

h. Date of Public Notice:
April 30, 2010

i. Comment Period Ends:
June 14, 2010

j. Program(s) *See attached list for references*

Wyoming End Stage Renal Disease Program

2. Rule Type and Information

a. Choose all that apply: ☐ New Rules* ☒ Amended Rules ☐ Repealed Rules

* "New" rules means the first set of regular rules to be promulgated by the Agency after the Legislature adopted a new statutory provision or significantly amended an existing statute.

If "New," provide the Enrolled Act number and year enacted:

b. Provide the Chapter Number, and Short Title of Each Chapter being Created/Amended/Repealed (if more than 5 chapters are being created/amended/repealed, please use the Additional Rule Information form and attach it to this certification)

Chapter Number: 1	Short Title: General Provision
Chapter Number: 2	Short Title: Eligibility Requirements
Chapter Number: 3	Short Title: Participation for Facilities
Chapter Number: 4	Short Title: Denial of Patient Benefits
Chapter Number: 5	Short Title: Denial of Facility Approval

c. ☒ The Statement of Reasons is attached to this certification.

d. ☒ N/A ☐ In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Section 5 of the Rules on Rules).

e. A copy of the proposed rules* may be obtained:

☒ By contacting the Agency at the physical and/or email address listed in Section 1 above.

☐ At the following URL: _____

* If Item "d" above is not checked, the proposed rules shall be in strike and underscore format.

3. Public Comments and Hearing Information

a. A public hearing on the proposed rules has been scheduled. ☐ Yes ☒ No

If "Yes:"	Date:	Time:	City:	Location:

b. What is the manner in which interested person may present their views on the rulemaking action?

☒ By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.

☐ At the following URL: _____

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members.

Requests for a public hearing may be submitted:

☒ To the Agency at the physical and/or email address listed in Section 1 above.

☐ At the following URL: _____

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption.

Requests for an agency response must be made prior to, or within thirty (30) days, after adoption of the rule, addressed to the Agency and Contact Person listed in Section 1 above.

4. Federal Law Requirements

a. These rules are created/amended/repealed to comply with federal law or regulatory requirements. ☐ Yes ☒ No

If "Yes:"	Applicable Federal Law or Regulation Citation:
	Indicate one (1): <input type="checkbox"/> The proposed rules meet, but do not exceed, minimum federal requirements. <input type="checkbox"/> The proposed rules exceed minimum federal requirements.
	Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to: <input type="checkbox"/> To the Agency at the physical and/or email address listed in Section 1 above. <input type="checkbox"/> At the following URL: _____

5. State Statutory Requirements

a. Indicate one (1):

☒ The proposed rule change *MEETS* minimum substantive statutory requirements.

☐ The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please provide a statement explaining the reason the rules exceeds the requirements:

6. Authorization

a. I certify that the foregoing information is correct.

Printed Name of Authorized Individual	Jim Rolf
Title of Authorized Individual	Manager, Community Services Programs
Date of Authorization	April 16, 2010

Distribution List:

- Attorney General and LSO: Hard copy of Notice of Intent; Statement of Reasons; Clean copy of the rules; and Strike-through and underline version of rules (if applicable).
- Secretary of State: Electronic version of Notice of Intent sent to rules@state.wy.us